FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11354
County Queen ann	Registration Dist. No. 255
Village or City Crumpton	NDSt,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	the sone
(a) Residence: No. 6 rumpton	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
Jenuse 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of B Montgomery Conthony	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) now 16. 1859	I last saw hely elive on have 34 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.22.m.
74 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER, Houseway SAWYER, BOOKKEEPER, etc.	Valanta Vescase of Heart Date of onset
SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, Houseway SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month end 3 spent in this occupation cocupation	
12. BIRTHPLACE (city or town) near Crumpton	Other Contributory Causes of importance:
(Stete or country) Treen any, Maryland	/
(State or country)	Name of operation Date of Date of
15. MAIDEN NAME Emma Bratton	What test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
S (State or country) Wel	Where did injury occur?
17. INFORMANT Wayne Dentilon SY DIS	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place to Rumpton Date 1 ov. 26, 1933	Nature of injury
19. UNDERTAKER Sparke and Good	24. Wes diseese or injury in any way related to occupation of deceased?
(Address) Crimpston Mid	If so, specify
20. FILED M. 17, 19 33 M. M. Jlacke	(Signed) M. D
Registrar.	(Address) Orumna water

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes dcath, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago A STEEL TO Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IARGIN RESERVED -WRITE PLAINLY, WITH

V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(5)
County Meen Cline	Registration Dist. No. 23
5//	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. d
2. FULL NAME addison Berry	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 19- (Month) (Day) (Year)
a. If marriad, widowed, or divorcad HUSBAND of	
(or) WIFE of Salve Berry	22. 1 HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, end year) March 18- 1857	I last saw hair aliva on Nov. 17 1933; death is se
AGE Yaars Months Days If LESS than	to have occurred on the data stetad above, at 3 Pm.
76 8 / lady,hrs	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profassion, or particuler kind of work done, as SPINNER.	
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Cavernoma of Prostate gland.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
No Date descend has someted at	
this occupetion (month and 1918 11. Total time (years) 1918 spent in this occupetion (coupetion the spent in the spe	2
mr. A. A	Other Contributory Causes of Importanca:
2. BIRTHPLACE (city or town) (State or country)	
1 Can DV Da	
14. BIRTHPLACE (city or town) (Stete or country)	Nama of operation
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Barslem Co	23. If death was dua to extarnal ceuses (VIDLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Caralina	Accident, suicide, or homicide?
(State or country)	Whare did Injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION DR REMOVAL	Menner of Injury
Placa Date / Car 22 , 193	Nature of injury
9. UNDERTAKER / Darton / Oroc (Addrass)	24. Was disease or Injury in any way related to occupetion of decaased?
O. FILED NOV. 72, 1933 Leen Mi Cledid	ge (Signad) W. Jahren Fraker
Registrar.	(Address) (William V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	ISES Date of onset	
Arteriosclerosis ,	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BULLELU T. C.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	الحصوصا			

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Ducen Unne	Registration Dist. No. 252
Village or City Bukriaville (16)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsds
2. FULL NAME John Blake	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored 5, Single, Married, Widowed, OR Divarced (write the mord)	21. DATE OF DEATH You 8 (Month) (Day) (Year)
s. If married, widowed, or divorced HUSBAND of	
(as) Wille tragele	22. I HEREBY CERTIFY. That I attended deceased from
0.000	I last saw h sain alive on Oar 3 a 1935 death is sai
AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, at 5, 2 m.
// 2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
& Trade profession or particular	were as follows:
kind of work done, as SPINNER, Turm Calokek	Chrom Interstitual nephrotis
9) Industry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) spent in this	
The state of the s	
year) occupation	Other Contributory Causes of Importence:
2. BIRTHPLACE (city or town) Sueen Unne Co	
(State or country) Makesland	
13. NAME Verry Slake	
13. NAME Verry Blake 14. BIRTHPLACE (city or town). Quelen Grane Co	Name of operation Date of
(State of Country)	What test commined diagnosis:
15. MAIDEN NAME Jannie Freiby	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Fannie Frisby 16. BIRTHPLACE (city or town) Sueen Anne Co. (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of Educity) - Marylant	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT CANTAGE PLACE	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Surreville Date / Date / 1933	Nature of injury
9. UNDERTAKER Bang, R. Fallowe.	24. Was disease or injury in any way related to occupation of deceesed?
	(Signed) At Life Feeler

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em of infor-	should state	f OCCUPA.	
RECORD. Every it	. PHYSICIANS s	Exact statement of	
IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
DING INK-THIS	. AGE should be	se that it may be	ictions on back of
3.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 2 57 County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred __ How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DtVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of .___, 19_____ to____ 6. DATE OF BIRTH (month, day, end year) 7. AGE If LESS than to heve occurred on the date stated above, at______m. 1 deyhrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importence or____min. Date of enset 8. Trede, profession, or perticular OCCUPATION kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked et 11. Total time (years) spent in this this occupation (month and occupation ____ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (Stete or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (Stete or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 24. Was disease or Injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V. S.	i			
Other contributory causes of importance:	£1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11358
1. PLACE OF DEATH	92-00
County Quelen annes	Registration Dist. No. 231
Village or City Church I fell mod	. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Lucretia Kennard	Daniels
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH /V// 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of William G. Daniels	1933 to 1933
6. DATE OF BIRTH (month, day, and year) Oct. 6. 1869	t last saw h alive on NOL 5, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.50 P.m.
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trado profession or postigular	Date of onest
kind of work done, as SPINNER, Suspension of	Alltralleginguator 1/2
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Supervisor of SHOUSTRY or business in which work was done, as SILK MILL, Call Delevers of SAW MILL, BANK, etc. 110 Date deceased last worked at this occupation (month and a second seco	of the oft
10. Date deceased last worked at this occupation (month and 1933 spant in this occupation 29	
12. BIRTHPLACE (city or town) Philadelphia	Other Contributory Causes of importance: Dollar William
(State or country) Pennsylvania	//////
13. NAME John Kennard	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
- I wanter amount	What test confirmed diagnosis?
15. MAIDEN NAME Don't Penow 16. BIRTHPLACE (city or town) Unknown	Accident, suicide, or homicide?Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A CARLON MILE ON CO.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Roll
Place Edin Geneley Date Nov. 9 , 1933	Nature of injury. Wolle
19. UNDERTAKER 7 7 9 VOL	24. Was disease or injury In any way related to occupation of deceased?
(Address) Church Gill	If so, specify
20. FILED MAN 8, 19 3 3 7 H. Good	(Signor) vyggy & Delle 7 M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	M	at	CAUSE OF DEATH in plain terms, so that it may be properly of	TION is very important. See instructions on back of certificate.
	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	mation should be carefully supplied. AGE should be stated E	0	I
	8	-	-	
	-	M. con	and it	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County June aucu	Registration Dist. No. 25 4
Village or City Trasourelle	No. St., Ward
(ii) Length of residence in city or town where death occurred 50 yrs. mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary G. Gdowl	(1/1)
(a) Residence: No.	l & Ward
(Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Offonsa Edenfield (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from 1933, to 2007 2/1983
6. DATE OF BIRTH (month, day, and year) M181855	I last saw h la aliva on NOV 2/ 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 300 m.
78 9 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc. + Our Wife Sawyer, Bookkeeper, etc. + Our Wife Sawyer, Bookkeeper, etc. + Our	Mrouse Applephilial.
work was dona, as SILK MILL, SAW MILL, BANK, atc	Mp wills
A Trada, profession, or particular to the first term of the first	
12. BIRTHPLACE (city or town) Julbay Co (State or country) many fam	Other Contributory Causes of Importance:
± 1 1.11. × a	
(State or country)	Nama of operation Date of
# 15. MAIDEN NAME Jarale Carby	What test confirmed diagnosis? Was there an au'opsy? 10
16. BIRTHPLACE (city or town) Julbor Ch. (State or country)	23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19
17. INFORMANT / Yerlee & Edeufield	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Centreville Date Nov. 24, 19.33	Manner of injury
19. UNDERTAKER B. Fillow md. (Addiess) Still Fond md.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED NOV. 73, 19 33 Delen M. aldrig	(Signed) Alle Sicelins de M. D. (Address) Sicelins de de la
If many blanks are morded address Sant David	N C I C . D I P

needed, address State Kegistrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
5 1033			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

1	1		
1	X	1	
1	1	-	

should state of OCCUPA- STATE OF MARYLAND-CERTIFICATE OF DEATH

	STATE OF MARTEAND	CLITTI ICATE OF DEATH
/1	. PLACE OF DEATH	11000
	County Lucey Unico	Registration Dist. No. 253
	Village or City Collecter (I	No
	Langth of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2	. FULL NAME (Ubert I Eally	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1.	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Virgie HEalth	22. HEREBY CERTIFY, That I attended deceased from
6	DATE OF BIRTH (month, dey, and year)	I last saw h and alive on Mou 1 1933; death is said
-	AGE Years Months Days If LESS than	to have occurred on the date stated above, at/
	42 10 mm 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
N	8. Trade, profession, or particular kind of work done, as SPINNER,	0
E	SAWYER, BDDKKEEPER, atc.	Notos menuona
UPA	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	1001100
OCCUPATION	10. Date daceased last worked at this occupation (month and year)	Hempysis
	Messenside	Othar Contributory Causes of Importanca:
12.	BIRTHPLACE (city or town) (State or country)	Syphord - purestural
04	13. NAME Salomon Aleatta	homorbas o
FATHER	P. Alabara	
FA	14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
ER	15. MAIDEN NAME Jarah Mangald	What tast confirmed diagnosis?
MOTHER	16. BIRTHPLACE (city or town) Meut Phland	Accident, suicide, or homicide? Date of injury, 19
Σ	(State or country)	Whera did Injury occur?
17.	INFORMANT Collines From (Address) Les Sterings	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18,	Place Tessel burying Date 100.5, 1933	Manner of injury
19.	UNDERTAKER MANK lo. Thomas (Address) Terringville Md.	24. Was disease or injury a any way related to occupation of decaased?
20.	FILED/ POUS", 1933 F.C. Thomas Registrar.	(Signad) NO. Co. Duy M. D. (Address) Mexiconalla
_		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TOTAL ACT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLAC	CE OF DEA				82-0	511
	ge or City	Grason			Registration Dist. No. St.,	Ward
					death occurred in a hospital or institution, give its NAME instead of street and death	d number)
			S.Lamber			
(a) F	Residence: No	18 Admi	(Usual place	of abode)	K, St. Ward. If nonresident give city or town a	nd State
PEF	RSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX		r or race	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Nov.16 1933 (Month) (Day)	, 193 (Year)
5a. If married HUSBA	d, widowed, or divo	rced				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(or) WI		zabeth .	J.Lamber	t	22. HEREBY CERTIFY, That I attend	
6. DATE OF	BIRTH (month, day	y, and year) A	oril 19	1862	I last saw h, 19	; death is said
7. AGE	Years	Months	Days	If LESS than I dey,hrs.	to have occurred on the deto stated above, atm.	
	71	6	28	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
ATION &	frede, profession, or particular kind of work done, as SPINNER, Truck Farmer SAWYER, BDDKKEEPER, etc. ndustry or business in which				Cerebral Howardage	11/16
- 1	work was done, as S SAW MILL, BANK, of deceased last wor this occupation (mo year)	rked et nth and	11. Total ti sper occu	me (yeers) ds it in this not pation Product		
	.ACE (city or town) e or country)	Nort	folk Va.		Other Contributory Canoes of importance:	>
13. NAM	E Wil:	liam H.I	Lambert			
	HPLACE (city or to (State or country)	Not I	Known		Name of operation Date of What test confirmed diagnosis? Was there a	
2 15. MAII	DEN NAME SU				23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRT	THPLACE (city or to State or country)				Accident, suicido, or homicide? Date of Injury Where did injury occur?	, 19
17.INFORMANT Mrs. Elizabeth J Lambert (Address) 18 Admiral Blva. Duncalk, Md			Blva.Dur	dalk, Ad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	cremation, or F Oak La		Baltimor Dete Nov.	e.Co.ml 20 19 33	Manner of injury	
	AKER John ress)715 L	F.Denny	y Balto.	Ma.	24. Was disease or injury in any way related to occupation of deceased? If so, specify	no.
20. FILED. 7	Lov. 16,	19 33 There	m.a	edridge al Registar.	(Signed) Samuel such	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	<u> </u>
County Lucen Um	Registration Dist. No. 2 5 1
Village or Cowingtown	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Perry Milles	100 1018 th 01011 of 101018 th 011011 th 01101
	V. A
(a) Residence: No. Curutgum Md. W. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Vor. (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) not known	I last saw h A alive on Could b 193 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data statad abova, at S. A m.
about 62 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. Hamm	Mestertes broker 245791
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Undustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (morth and control of the	
10. Data deceased last worked at this occupation (mogth and / Q g 11. Total time (years) spent in this	
this occupation (month and 1980 spent in this year) which was a spent in this occupation.	p
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Queen am Co. Mid.	lone Consul Dittoe 7m
13. NAME Perry Gailler	Pas
13. NAME Pery Haller 14. BIRTHPLACE (city or lown)	Name of operation School Date of Date of
(State of country) pure to find the find .	What test confirmed diagnosis electical Was there an autops
18. MAIDEN NAME Jane Mulburs 16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
	Accidant, suicide, or homicide? Data of Injury
(State or country) fully cum (s. Md.	Where did injury occur? (Specify city or town, county and State)
(Address) English And M. 7	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury & ACC
Place Ewinglown Date Nova 24, 1933	Nature of injury UPUL
19. UNDERTAKER Th. H. Quid	24. Was disaase or injury in any way related to occupation of dacaasad?
20. FILED Nov. 24, 1933 No. H. Good	(Signey D 1 W D W. D Seell M. D.
Registrar.	(Address) Clillett Atll He f

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLANI	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County ween lunes	Registration Dist. No. 253
Village or City Cluster	No. St., Ward
Length of residence in city or lown where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Tuck	son
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW	MEDICAL CERTIFICATE OF DEATH
Female Black OR DIVORCED (write the wo	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) 7001. 21.5-19	7 1 1 1 1 1 1 1 1 1
7. AGE Yaars Months Days If LESS t 1 day, 2	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Oata deceased last worked at this occupation (month and	
10. Oata deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) 6 hesler 111d	Other Contributory Causes of Importance:
13. NAME asburymaksor	v
13. NAME Soury McRsov	Name of oparation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Irdella Helf 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT United Atill mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ollester Date Nov. 36., 19	Manner of injury
19. UNDERTAKER F. C. Thomas (Address) Meurosoulle	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED MOV 25, 19 33 7. C. Thomas Local Registr	(Signed) to le. Thomas tocal I and
If more blanks are needed, address State Reg	gistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

1. PLACE OF DEAT	*			9;	2-30		11304
County	A				Regist	ration Dist. No. 25	2
Village or City	whole		(If	No.	al or institution, give its	NAME instead of street a	Wa:
Length of residence in city	or town where deeth	courred				rth?yrs	
2. FULL NAME (a) Residence: No	A. Di	(Usual place of ab	ade)	St, Ward		resident give city or town	and State
PERSONAL AND	STATISTICAL	PARTICU	LARS	MEDI		CATE OF DEATH	
3. SEX 4. COLOR	OR RACE 5. S	INGLE, MARRIED R DIVORCED (w	, WIDOWED, rite the word)	21. DATE OF DI	EATH //-	4	, 193 3
5a. If merried, widowed, or divorce HUSBAND of (or) WIFE of	ed			2. I HEI		TIFY, Thet Laylend	(Year)
	7				1920	to	19.3.
6. DATE OF BIRTH (month, day, 7. AGE Yeers	end year)	Days	If LESS than	to heve occurred on the	data stated above at	4 P . 19 8	; death is se
80		1	day,hrs.			ted causes of importance	Date of ons
8. Trade, profession, or part kind of work done, as SAWYER, BDDKKEEP	SPINNER, LER, etc.	~		Chim	in Volu		Date of one
9. Industry or business in work was done, as SII SAW MILL, BANK, etc.	vhich LK MILL,			din	my ut	anual i	7
O. Date deceased last work this occupation (mont year)	ed at / h and 1	11. Total time (spent in occupatio	this				
12. BIRTHPLACE (city or town)	Donis	Uno		Other Contributory Can	ses of Importance:	••••••	
(Stete or country)	1 work	hun	_				
14. BIRTHPLACE (city or tow (State or country)	n) June	Know				Date o	
15. MAIDEN NAME	Done	Ilmon	~			Was there	
16. BIRTHPLACE (city or tow (State or country)	and in	how		Accident, suicide, or hor	micide?	NCE) fill in also the follow	
17. INFDRMANT 13. December (Address)			Where did injury occurs Specify whether injury o	(Specify	city or town, county and Y, in HOME, or in PUBLIC	State) PLACE.	
18. BURIAL, CREMATION OF REMOVAL Place Life Gelle Date 7006 1933				Manner of Injury			
19. UNDERTAKER Sa (Address)	etm 18	001	nd	24. Was disease or Injury	y in eny way related to	o occupation of deceased?	مما
20. FILED Art 6 19	33 Man	2 8 B	islt.	(Signed)	J MY	huro-	М.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1 N. B. of OCCUPA-

STATE OF	MARYLAN	D-CERTIF	ICATE	OF	DEATH
----------	---------	----------	-------	----	-------

1. PLACE OF DEATH	MARTEAND	THE OF BLATT
County Queen Que	é.s	Registration Dist. No. 2 561305
Village or City Sedlero	ille	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. 17 ds. How long in U.S. If of foreign birth? yrs, mos. ds.
2. FULL NAME CONTROL Sur		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. Escuale white 4	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 19. Sunday, 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sirvey 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Berto. Days If LESS than	22. HEREBY CERTIFY That I attended deceased from 1930, to 1930 death is said to have occurred on the data stated above, at
8 5- 8	2. 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importanca were as follows: Date of onset Left Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	11. Total time (years)	
12. BIRTHPLACE (city or town). Each (State or country) Cecil Co.	spent in this occupation	Other Contributory Causes of Importanca: NUMBER OF THE PROPERTY OF THE PROPER
13. NAME Causes Proceed 14. BIRTHPLACE (city or town) (State or country) 2. The state of the s	o. maryland	Name of operation Delta Date of What test confirmed diagnosis? Delta Date of Was that an autopsylles
15. MAIDEN NAME Select Security 16. BIRTHPLACE (city or town)	eville	23. If death was due to external causes (VIDL ENCE) fill In also the following: Accident, suicide, or homicida? Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT 3+lla (Addrass) Suddensie	oberto)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Audienable	Data Nov 30 ,193	Manner of injury 2 Bull
19. UNDERTAKER WE HE ROOM (Address) Relieved to	rele	24. Was disease or injury in any way related to occupation of deceased?
20. FILED (20. FILED (T.M. Stack Registrar.	(Signed) A Delle M. D. (Address) Clicely Hill be f

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1

PHYSI-

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

(131)

If more biants are needed, address tate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

Registration Dist. No. 350

St.:	Ward)	(If death occurre a hospital or inc	titu
		tion, give its NAM	
		number.)	

DATE OF BURIAL

Nor 30 ADDRESS

MEDICAL	CERTIFIC	ATE OF	DEATH	
16 DATE OF DEATH	Um	. 28		1933
***************************************	(Month	1)(1	Day)	(Year)
July 10	19033 . to	nov	28	, 19233
that I last saw her a	live on A	ov 27		19250,
and that death occurred	on the date	stated abov	o, at 12,1-	5 A, m.
The CAUSE OF DEATH		ows:		
Contributory Secondary	(Duretion	Vyfi	wield	ds.
(Signed) 1983 ((Duration	all	falve.	M. D.
*State the Disease Violent Causes, state Accidental, Suicidal or I	se Causing (1) Means Homicidal.	Death, or, of Injury	in deaths and (2) W	from hether
18 LENGTH OF RESID		Hospitals,	Institution	, Trans-
At place of deathyrsmos.		In the State	yrsmo	s.,ds,
Where was disesse contracte if not at place of dea.h?				

Every

10

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. gaged in domestic service for wages, as Scrvant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coul minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The insterial Locomotive engineer, 6 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup!!); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n .ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from ehildbirth or miscarriage as cough; "" "Weakness," etc., when a definite discase Chronic Example: Mcasles (disease valvular heart disease; affection need not be etc. The contributory Nomenclature of the Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURRAT

should state

STATE OF MARYLAND—CERTIFICATE OF I

DEATH	1	1	5	7	6

1. PLACE OF	F DEATH			
CountyG	lueen Anne			Registration Dist. No. 252
			(1)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	ME Baby (K			
	ce: No.	(Usual place		St., Ward. If nonresident give city or town and State
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH NOV. 23 , 193 3 (Year)
Female Colored 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of				22. I HEREBY CERTIFY. That t attended deceased from
6, DATE OF BIRTH (month, day, and year) NC	Days	23, 1933 If LESS than 1 day,hrs. ormin.	I last saw h elive on, 19; death is said to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOTE No. 1 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			nt in this	Still-born
12. BIRTHPLACE (city (State or coun	y or town)Centr	eville,	Md.	Other Contributory Causes of importance:
14. BIRTHPLACE (State or		edy trevill	e, Md.	Name of operationOate of
15. MAIOEN NAME Louise Smith 16. BIRTHPLACE (city or town) Centreville Md.				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Centreville, Md. (State or country) 17. INFORMANT (Address)				Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATI	ON, OR REMOVAL	Date Nov	24,1933	Manner of injury
19. UNOERTAKER Jamieh Hamidy (Lather) (Addiess) Cantonille R. 70 20. FILED 19 Manual & Bright Resilvar.			Jather) Bright Register.	Nature of injury 24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) Hany D. Gright Vegislards (Address) Cantranty TIA
Non	Jens ? If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset
Run over by street car ESST ST 330	1 week ago
	B days ago
KEOKIARD	1
Other contributory causes of importance: Gastroenteritis	1 year
	Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address)

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	A 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	£		
Other contributory causes of importance:	M	Other contributory causes of importance:	
Gallsiones	May 1,1923	Gastroenteritis	1 year

20/ 00 The	ADDITIONAL SPACE		TATEMENTS BY PHY	SICIAN	fittent.
Tiente.	(i	- manage	are of mars.	PRX.	vina ceru-
()	U	0	V		

should state of OCCUPA. ORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAI

FOR BINDING

ARGIN RESERVED

1. PLACE OF DEATH	(59)
County Meer accept	Registration Dist, No
Village or City Source Pourt	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
Mary in said	
2. FULL NAME OF D. ORLY	
(a) Residence: No./ (Usual place of abode)	St., Ward. If nooresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COR DIVORCED (write the word)	21. DATE OF DEATH JUGAS. /6 ,193 3 (Month) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Many Staylor 2	22. HEREBY CERTIFY. That I attended deceased from 1930, to 100075, 1933
6. DATE OF BIRTH (month, dey, and year) The 5 1873	I last saw h Accardive on Rout 1 5, 1933; death is said
7. AGE Years Months Days If LESS than I dey,	to have occurred on the date stated above, etm.
GO 0 1 1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Wea15919
work was done, as SILK MILL, SAW MILL, BANK, etc.	10 025 0100
Date deceased last worked at this occupation (month and spent in this	1
year) occupation	Other Cantributary Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Que Staylou 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carterera Support	23. if death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city of town) (State or country)	Accident, suicide, or homicide?
1A4 - O A Y	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of talum.
mest falustanion 100.18 19.33	Menner of injury
Constery Delawore.	1
19. UNDERTAKER (Address)	24. Was disease or Injury in/any way related to occupation of deceased?
no 17 337. C. Marian.	(Signed) Those Mylls M. D.
20. FILEO/	(Address) Oleveus Wille
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I	f:	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cercbral hemarrhage	July 5,1927	Peritanitis	3 days aga
Busine			
Other contributory causes of importance:		Other contributory causes of importance:	THE STATE
Gallstanes	May 1,1923	Gastraenteritis	1 year

.3

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-00
county alleg weller	Registration Dist. No. 2-51
Village or City Oct Foras West Dela	Modella St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in n hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Thouses Alegen	Stubles
(a) Residence: No. 4 A. Milatel estille	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3-SEN 4. COLOR OR RACE 5, SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH NW 28, 193 (Year)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of Secure . Stubles	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 70 b 15 18 70	i last saw h LM elive on NW 23 ,193 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1554 m.
63 9 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Frances SAWYER, BOOKKEPER, etc.	House Afford and
A Industry or business in which	ON CULLY SHARMAN TONIO
work was done, as SILK MILL, farmer	
O 10. Oate deceased last worked at this occupation (month and 1935) 11. Total time (years) spant in this occupation occupation.	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country) Selewareg	Munal Dean at 8H 1090
13. NAME John H. Stubbs	A
13. NAME CONSTANT OF STUDY	Name of operation Oete of P
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME LYSSICA MINNES 16. BIRTHPLACE (city or town) 17. MAIOEN NAME LYSSICA MINNES 18. MAIOEN NAME LYSSICA MINNES 19. MAIOEN NAME LYSSICA MINNES	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or Yown Steel Country) Delever	Accident, suicide, or homicide?
Bassia It- Was	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Pentagnillo, Mol. R-F. D	Specify whether many occurred in moustki, in nome, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury USUL
Place ML . Clared Date Mr - 2 9923	Nature of injury Udus
19. UNDERTAKER MACH HILL MACH	24. Was disease or injury in eny way related to occupation of deceased?
20. FILEO Mr. 2 1933 7t. H. Gord Registrar.	(Signed De July Dello J. M. D.
Acgorat.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. FOR BINDING ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY, WITH

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1 - 4
County	Registration Dist. No.
Village or City	No. St., Ward
Length of residence in city or town where deeth occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME	
	St. Ward.
(a) Residence: No. (Usuai place of abode)	St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
W. Suicle	(Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, Thet I ettended deceesed from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and yeer) USU 5 1933	I lest saw h elive on 19; death is seid
7. AGE Yeers Months Deys If LESS then	to heve occurred on the date steted ebove, atm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence were as follows:
9 Trade profession or particular	Date of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Stell bon
9. Industry or business in which work wes done, as SILK MILL,	
A Hade profession, or perturbate, sawYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Oete decessed last worked et this occupation (month and properties) and the second in this country in the second in	
this occupetion (month and spent in this occupetion occupetion	
	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME Name NY. Duanos	
13. NAME Now dy. 2 Nows	Neme of operation Date of
(Stete or country)	What test confirmed diagnosis? Was there en eutopsy?
# 15. MAIDEN NAME WO JORN Lucie Closely	23. If deeth was due to externel causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME WORDS WILLIAM Clonest	Accident, suicide, or homicide? Dete of injury19
▼ (State or country)	Where did injury occur?
17. INFORMANT Starry H. Duouco	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Date 127 1,195 3	Neture of injury
19. UNDERTAKER Harry H. Thomas	24. Wes diseese or injury in eny wey releted to occupetion of deceased?
(Address) Chefiled and	If so, specify
20. FILEO NOV J, 1933 F.C. ofhoria	(Signed) Mo. O. Durally M.O.
Local Registrar.	(Address) Deveus Mile

CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II	
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	0.00 0 1839	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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D. No. 1	B.—WRITE PLAINLY, WITH UNFADING INK—TH		
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STATE OF MARYLAND	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	92-20		
County V et Const	Registration Dist. No. 252		
Village or City A. Lulkahusha	No. St., Ward		
	f death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Dannes William	nl C		
(a) Residence: No. DA. Co. Delvo	Mars Ward		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write-the word)	21. DATE OF DEATH 3 (Month) (Day) (Yaar)		
5a. If married, widowed, or divorced			
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from		
1	19.21 to 10.20 7 19.31		
6. DATE OF BIRTH (month, day, end year)	I last saw h_M alive on, 19_32; death is said		
7. AGE Years 10 onths Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, et		
8 0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Dunia dalunaduran		
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	board I ag		
11. Total time (years) this occupation (month and year) year)	or w		
	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (State or country)	ATTICK STATES		
E 0 0 1 1			
14. BIRTHPLACE (city or town)	Nama of pparation		
	What tast confirmed diagnosis? Wes there en autopsy?		
15. MAIDEN NAME Drid Warn 16. BIRTHPLACE (city or town) Drid Warn (State or country)	23. If death we's due to external causes (VIOLENCE) fill in also the following:		
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Whare dld injury occur? (Specify city or town, county and State)		
(State or country)			
17. INFORMANT A S. Comp. (Addrass) Live W	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL ROUSE No. 3 1033	Manner of injury		
Placed U Co Cellurate Data Place 3 , 1933	Natura of injury		
19. UNDERTAKER All 10 - Junely (Address) J. C. Co Churches	24. Was disease or injury in eny way releted to occupation of deceesad?		
n di titi a no il	If so, spacify		
20. FILED / 102. 3 , 1933 / Clamie J. Bright.	(Signad) M. D.		
Local Registrar.	(Address)		

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